



Dietary Guidelines for Americans, 2005

Nutrition Service Providers Guide

www.healthierus.gov/dietaryguidelines
<http://www.aoa.gov/prof/aoaprogram/nutrition/nutrition.asp>

April, 2006

Department of Health and Human Services
Administration on Aging

Acknowledgements

This Nutrition Service Provider's Guide is an outgrowth of the commitment of the Assistant Secretary for Aging Josefina G. Carbonell to translating evidence-based knowledge into every day practice. M. Yvonne Jackson, Ph.D., R.D., Director of the Office of American Indians, Alaska Natives and Native Hawaiians Programs, Administration on Aging (AoA), and Jean L. Lloyd, M.S., R.D., National Nutritionist, AoA provided the primary leadership in the development of the Nutrition Service Provider's Guide.

We recognize that without the support of Assistant Secretary for Aging Josefina G. Carbonell and Captain Penelope Royall, P.T., M.S.W., Director of the Office of Disease Prevention and Health Promotion (ODPHP) this document would not have been completed. We want to thank the ODPHP personnel, Christine R. Dobday, Kimberly F. Stitzel, M.S., R.D., and Kathryn Y. McMurry, M.S. for professional expertise, responsiveness, and good cheer under pressure.

We want to thank the Nancy S. Wellman Ph.D., R.D., F.A.D.A., Director, National Resource Center on Nutrition, Physical Activity and Aging at Florida International University, and her staff: Barbara Kamp, M.S., Project Coordinator; and graduate students, Shannon Dukes, Melissa Coel, and Nicola Guess. Without their original contributions, particularly the menus and analysis, their patience with the iterative process, and their fine-tuning of the final drafts, this document could not have been completed.

We thank AoA Regional Nutritionists, Florestine Johnson, M.S., R.D., L.D. and Joseph Carlin, M.S., R.D., L.D.N., F.A.D.A. for their ideas, comments on the applicability to state, tribal and local programs and review.

We appreciate the time, effort, valuable comments, specific suggestions and document review by the following State Nutritionists/Administrators: Shirley Chao, M.S., R.D., L.D., Nutritionist, Massachusetts Executive Office of Elder Affairs; Violet Henry, M.S., RD., Public Health Nutritionist, California Department of Aging; Jennifer Keeley, M.S., R.D., C.D., Nutrition Coordinator, Wisconsin Bureau of Aging and Long Term Care Resources; Kimberley Quigley, M.S., R.D., L.D., Nutrition Therapist IV, Oklahoma Department of Human Services, Aging Services; Suhda Reddy, M.S., R.D., LD, Chief Nutritionist, Georgia Department of Human Resources, Division of Aging Services.

And finally, we want to thank the participants at the national N4A and National Association of Nutrition and Aging Services Programs conferences that provided initial guidance at the beginning of the project.



Dietary Guidelines for Americans 2005 - Older Adults

Part I: Information for Nutrition Service Providers

I. Purpose

The purpose of this document is to provide technical assistance for implementing the *Dietary Guidelines for Americans* (DGAs) in the Older Americans Act (OAA) nutrition programs. This technical assistance provides guidance in menu planning, food purchasing, food production, and food service. Since programs differ, this guidance should be tailored to meet the unique needs and situation of each program. This guidance should supplement the input from a registered dietitian (RD) as well as State and Tribal policies, procedures and guidance.

II. History and Process

The DGAs allow the federal government to speak with one voice when presenting advice for healthy Americans ages two years and over about making food choices that promote health and prevent disease. All federally-issued dietary guidance for the general public is required to be consistent with the DGAs.

In addition to a consistent message, the DGAs establish the direction for all government nutrition programs, including research, education, food assistance, labeling, and nutrition promotion. The OAA requires the Elderly Nutrition Program (ENP) funded under Title III and Title VI to provide meals that: 1) comply with the *Dietary Guidelines for Americans*; and 2) provide a minimum of 33 1/3 percent of the daily recommended dietary allowances if one meal per day is provided, a minimum of 66 2/3 percent of the allowance if two meals per day are provided, and 100 percent of the allowance if three meals per day are provided (OAA, Sections 339 and 614, http://www.aoa.gov/about/legbudg/oaalegbudg_oaa.asp). The Recommended Dietary Allowances (RDAs) are one of the components within the Dietary Reference Intakes (DRIs), established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The DRIs are nutrient reference values.

The National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341) requires the Secretaries of the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) to jointly publish a report entitled, *Nutrition and Your Health: Dietary Guidelines for Americans*, at least every five years. In preparation for this report, HHS and USDA appoint a Dietary Guidelines Advisory Committee comprised of prominent experts in nutrition and health to review current scientific and medical knowledge and

recommend revision to the Secretaries. The Sixth Edition of the DGAs was released in January 2005.

The DGAs translate the nutrient based recommendations from the DRIs into food, diet, and physical activity recommendations. The premise of the DGAs is that nutrient needs should be met primarily through consuming foods and that the DGAs should provide guidance in obtaining all nutrients needed for growth and health. The food and physical activity based DGAs provide the evidence-based advice for promoting health and decreasing the risk of major chronic diseases through healthy diet and increasing physical activity. The recommendations are inter-related and mutually dependent. They should be used together in the context of planning an overall healthful diet.

III. Importance of the Dietary Guidelines for Health Promotion and Disease Prevention

Good nutrition is vital to good health. Major causes of morbidity and mortality in the U.S. are related to poor diet and a sedentary lifestyle. Specific diseases and conditions linked to poor diet include cardiovascular disease, hypertension, dyslipidemia, type 2-diabetes, overweight and obesity, osteoporosis, constipation, diverticular disease, iron deficiency anemia, oral disease, malnutrition, and some cancers. Lack of physical activity has been associated with cardiovascular disease, hypertension, overweight and obesity, osteoporosis, diabetes, and certain cancers. Furthermore, muscle strengthening and improving balance can reduce falls and increase functional status among older adults. Together with physical activity, a high-quality diet that does not provide excess calories should enhance the health of most individuals.

There is a growing body of evidence which demonstrates that following a diet that complies with the DGAs may reduce the risk of chronic disease. Studies indicate that about 16 percent and 9 percent of mortality from any cause in men and women over age 45, respectively, could be eliminated by the adoption of more desirable dietary behaviors.

IV. Implementation of the Dietary Guidelines for Americans

The OAA places responsibility for implementing the DGAs on the State Units on Aging (SUAs) and Indian Tribal Organizations (ITOs) [OAA Sections 339 and 614]. SUAs and ITOs may develop additional guidance to assure implementation of these requirements.

Older adults need nutritious, tasty, culturally appropriate, and safe meals for successful aging. The DGAs help assure that appropriate food choices are made to ensure the DRIs are met in program meals. SUAs, ITOs, area agencies on aging and local nutrition service providers are uniquely positioned to impact the health and functional independence of older adults by providing nutrient dense meals and linking them with opportunities to enhance and maintain their physical activity.

Although the guidance in this document is targeted to the national aging network, it is applicable to planning meals and services in other programs and settings that serve older adults, such as assisted living facilities, adult day care, adult care homes, home and community based Medicaid Waiver programs, state, tribal, and locally funded home and community based care

programs, and nursing homes. This document is designed to be flexible enough to accommodate the range of food preferences and unique nutrition and health needs of specific populations of older adults. It is designed to provide a common basis for implementing the DGAs. This document is grouped into general topics focusing on key recommendations. Each general topic has sections that provide the following information:

- General DGAs Topic with Key Recommendations for the General Population and Key Recommendations for Older Adults;
- Program Planning Considerations for OAA Nutrition Programs;
- Tips for Meal Planning; and
- Resources.



Older Adults

Dietary Guideline: Adequate Nutrients Within Calorie Needs

Key Recommendation: Variety and Nutrient Density

- *Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit intake of saturated and trans fat, cholesterol, added sugars, salt, and alcohol.*

Program Planning Considerations for OAA Nutrition Programs

- Provide meals that include all food groups. Breakfast may be the exception since it does not always include foods from the vegetable group.
- Select a variety of foods within the grain, vegetable, fruit, milk, and meat groups to help ensure an adequate amount of nutrients and other beneficial substances are provided.
- Provide meals and beverages that are high in nutrients but within the calorie needs of program participants (i.e., nutrient-dense foods). Many people consume more calories than they need without getting recommended nutrient intakes.
- Encourage drinking water and other beverages with meals to ensure proper hydration. Additional fluids may be necessary when participants are exposed to heat stress, after exercise, or with some medications.
- Provide opportunities for food choices based on individual needs and cultural food preferences.
- Provide a variety of healthful choices with equivalent nutrient content for people to choose from.

Tips for Meal Planning

- Use a Registered Dietitian to assist in menu planning and assuring menus meet the OAA requirements.
- Seek menu ideas from program participants.
- Choose foods that contain little or no added sugar, sodium or fat.
- Control portion sizes to help control calories and meal costs.
- Serve water in addition to low-fat or fat-free milk or other beverages.
- Use color as a tool to design menus that are full of nutrient-dense foods and pleasing to the eye.
- Add a monthly themed meal to increase the variety of foods eaten as well as preparation methods. For example, serve an ethnic meal or a meal centered on vegetables rather than meat.

- Limit the use of processed items. If processed foods such as luncheon meats or prepared entrees are used, examine their nutrient content and select those with higher nutrient content per calories provided.
- Use lists of foods high in selected nutrients to use as a reference when planning menus or suggesting substitutions.

Resources

Dietary Guidelines for Americans 2005

Appendix A: Eating Patterns. Appendix A-1 DASH Eating Plan, Appendix A-2 USDA Food Guide. Available at:

www.health.gov/dietaryguidelines/dga2005/document/html/appendixA.htm

Appendix A: Eating Patterns. Appendix A-1 DASH Eating Plan. Washington, DC: U.S. Government Printing Office; 2005: 51-52.

Appendix A: Eating Patterns. Appendix A-2 USDA Food Guide. Washington, DC: U.S. Government Printing Office; 2005: 53-54.

Appendix B: Food Sources of selected nutrients. B-1 Potassium, B-2 Vitamin E, B-3 Iron, B-4 Non-Dairy Sources of Calcium, B-5 Calcium, B-6 Vitamin A, B-7 Magnesium, B-8 Dietary Fiber. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/appendixB.htm>

5 A Day for Better Health Program

Tips. 1991. Available at: www.5aday.gov/recipes/tips.html

Savor the Season. 1991. Available at: www.5aday.gov/recipes/savor_the_season.

Older American Nutrition Program Toolkit

Chapter 4. Menu and Nutrition Requirements. Available at:

www.fiu.edu/~nutreldr/OANP_Toolkit/Menu_Planning_1_28_03.htm.

USDA

Putting the Guidelines into practice. Available at:

www.cnpp.usda.gov/Pubs/Brochures/



Older Adults

Dietary Guideline: Adequate Nutrients Within Calorie Needs

Key Recommendation: Energy Intake

- *Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the USDA Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.*

Program Planning Considerations for OAA Nutrition Programs

- Use the *DASH Eating Plan* or *USDA Food Guide* (Appendices A-1 and A-2 of the *DGAs*) for menu planning. Both plans take into consideration a range of calorie levels to meet the nutrient needs of men and women at various ages and activity levels.
- Use the DRIs to assess nutrient adequacy of meals. A nutrient analysis software program will assist in evaluating the meals and help to assure that meals meet the RDAs.
- Provide meals with a calorie range of approximately 550 to 700 calories per meal. This is approximately 1/3 of the calorie range recommended for sedentary adults, age 50 and older. The daily recommendation is 1600 to 2000 calories. Assess the calorie needs of your program participants. If you have physically active program participants, you may need a higher calorie level.
- Nutrients should come from foods. Select foods rich in calcium, potassium, fiber, magnesium and vitamin E. The Appendices in the *DGAs* provide lists of foods rich in these nutrients.
- Control the portion size of the “extras”, such as gravies and sauces, to ensure the meal stays within the calorie allowance.

Tips for Meal Planning

- Aim for most meals to be within an appropriate range for your participants, approximately 550 – 700 calories per meal.
- Use the *DASH Eating Plan* or the *USDA Food Guide* as a guide in planning balanced menus.
- Use lists of foods rich in selected nutrients (see *DGAs* Appendices) to use as a reference when planning menus.
- Use standardized recipes and the portion size specified in the recipe.

- Test standardized recipes before use to make sure they yield the amounts required, taste good, etc., and have nutrition information available for portion sizes.
- Focus on the total meal, not on one particular item, e.g., balance a higher calorie entrée with a lighter dessert and a plain vegetable.
- Identify high sodium foods, offer them infrequently and offer lower sodium alternative foods.
- Identify high potassium foods and offer them frequently.

Resources

Dietary Guidelines for Americans 2005

Appendix A Eating Patterns. Appendix A-1 DASH Eating Plan, Appendix A-2 USDA Food Guide. Available at:

health.gov/dietaryguidelines/dga2005/document/html/appendixA.htm

National Heart, Blood and Lung Institute

The DASH Eating Plan. 2003. Available at:

www.nhlbi.nih.gov/health/public/heart/hbp/dash/

USDA

How much are you eating? 2002. Available at:

<http://www.usda.gov/cnpp/Pubs/Brochures/>

MyPyramid.gov

What counts as an ounce equivalent of grains? 2005. Available at:

http://www.mypyramid.gov/pyramid/grains_counts.html

What counts as a cup of vegetables? 2005. Available at:

http://www.mypyramid.gov/pyramid/vegetables_counts.html

What counts as a cup of fruit? 2005. Available at:

http://www.mypyramid.gov/pyramid/fruits_counts.html

What counts as 1 cup in the milk group? 2005. Available at:

http://www.mypyramid.gov/pyramid/milk_counts.html

What counts as an ounce equivalent in the meat and beans group? 2005. Available at:

http://www.mypyramid.gov/pyramid/meat_counts.html

What counts as a teaspoon? 2005. Available at:

http://www.mypyramid.gov/pyramid/oils_count.html



Older Adults

Dietary Guideline: Adequate Nutrients Within Calorie Needs

Key Recommendation for Specific Populations: Vitamin B₁₂

- *People over age 50. Consume vitamin B₁₂ in its crystalline form (i.e., fortified foods or supplements).*

Program Planning Considerations for OAA Nutrition Programs

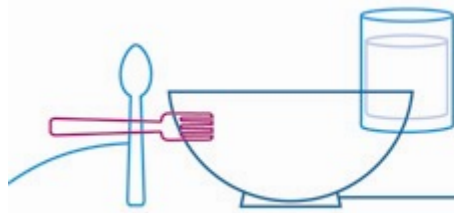
- Use fortified foods to meet the vitamin B₁₂ requirements since many people over age 50 have reduced ability to absorb naturally occurring vitamin B₁₂.

Tips for Meal Planning

- Include fortified ready-to-eat whole grain cereals for breakfast meals.
- Use fortified ready-to-eat whole grain cereals in baked goods, e.g., crisp toppings, muffins and cookies.
- Use fortified ready-to-eat-whole grain cereals in casseroles, as a substitute for some of the bread in meatloaf, or as a breading for fish.
- Use cooking methods that minimize the destruction the vitamin B₁₂ found naturally in animal foods. The form in fortified foods may be more stable during cooking.
- Create recipes that use vitamin B₁₂ fortified foods, such as using veggie-burger mixes to make meatloaf, Salisbury steak, etc.
- Use vitamin B₁₂-fortified foods such as yeast extracts, veggie-burger mixes, breakfast cereals, vegetable margarines and soy beverage.

Resources

National Institute of Health: Office of Dietary Supplements
Dietary Supplement Fact Sheet: Vitamin B₁₂. 2005. Available at:
ods.od.nih.gov/factsheets/vitaminb12.asp#h2



Dietary Guideline: Adequate Nutrients Within Calorie Needs **Key Recommendation for Specific Populations: Vitamin D**

Older adults, people with dark skin, and people exposed to insufficient ultraviolet band radiation (i.e. sunlight). Consume extra vitamin D from vitamin D-fortified foods and/or supplements.

Program Planning Considerations for OAA Nutrition Programs

- Select foods rich in vitamin D, a nutrient important for optimal calcium absorption and muscle functioning.
- Include vitamin D-fortified low-fat or fat-free milk, soy beverage or orange juice with each meal. Homebound older adults, those in cold winter environments who limit their exposure to the sun or those in hot environments who need to use sunscreen may not make sufficient vitamin D in their skin.

Tips for Meal Planning

- Serve vitamin D-fortified low-fat or fat-free milk and orange juice as beverages.
- Provide low-fat, vitamin D-fortified soy beverage or lactose-free milk as an alternative for those who are lactose intolerant.
- Include vitamin D-fortified, ready-to-eat whole grain cereals in food products such as muffins, crisp toppings or cookies.
- Add vitamin D-fortified nonfat dry milk to mashed potatoes, cream soups, creamed vegetables, and chowders.
- Serve low-fat pudding as dessert, using either a #10 can or from scratch by adding vitamin D-fortified nonfat dry milk, whichever one has a higher calcium content, and is cost effective for your program.

Resources

National Institute of Health: Office of Dietary Supplements
Dietary Supplement Fact Sheet: Vitamin D. 2004. Available at:
ods.od.nih.gov/factsheets/vitamind.asp#h2

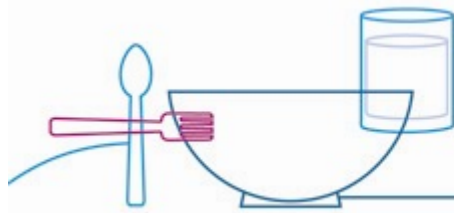
General Resources

National Institute on Aging
Good Nutrition: It's a way of life. 2005. Available at:
www.niapublications.org/engagepages/nutrition.asp

Older Americans Nutrition Program Toolkit

Chapter 4: Menu and Nutrition Requirements. 2003.

http://www.fiu.edu/~nutreldr/OANP_Toolkit/Menu_Planning_1_28_03.htm



Dietary Guideline: Weight Management

Key Recommendation: Weight Management

- *To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.*
- *To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.*
- *Overweight adults with chronic diseases and/or on medications. Consult a healthcare provider about weight loss strategies prior to starting a weight reduction program to ensure appropriate management of other health conditions.*

Program Planning Considerations for OAA Nutrition Programs

- Plan meals that provide the required nutrients within the 550-700 calorie allowance.
- For participants who are obese and under age 70, encourage integrated nutrition and physical activity programs that stress a healthy diet plus physical activity.
- For participants who are obese and over age 70, encourage participants to discuss this concern with their health care providers for appropriate weight reduction strategies.
- Offer integrated nutrition and physical activity programs as a part of total nutrition program planning.
- Link participants with physical activity programs offered by other service entities.

Tips for Meal Planning

- Provide meals to meet the needs of program participants with a calorie range of about 550 to 700 calories. This is approximately 1/3 calorie range recommended for sedentary adults, over age 50. The daily recommendation is 1600 to 2000 calories. Assess the calorie needs of your program participants. If you have physically active or underweight program participants, you will need a higher calorie level.
- Offer a selective menu with food choices that are higher or lower in calories, for example, sweet potatoes (higher in calories) or carrots (lower in calories).
- Offer menu choices that are higher and lower in calories, for example, traditional lasagna (higher in calories) or spaghetti with ground turkey meatballs (lower in calories).
- Serve low-fat protein foods, such as baked chicken rather than fried chicken or low-fat cottage cheese.

- Choose lean meats and poultry to bake, broil, or stew.
- Serve few fried foods or other high fat foods.
- Choose and prepare foods with limited additional fat.
- Limit high calorie desserts and sweets. Serve whole fruit and fruit salads for sweet desserts.
- Prepare only the amount of food needed. If the recipe makes 150 servings, but there are 100 participants, reduce the recipe so that the serving sizes are appropriate.
- Serve portions as planned. Don't plan on serving "second helpings" or double portions.
- Serve more fruits and vegetables to increase nutrients while keeping calories low.
- Offer calorie ranged meal choices. For example, on lasagna day, for 700 calories, offer a larger portion of lasagna (hotel pan 4x6) and for 550 calories, offer a smaller portion of lasagna (5x6 portion). This can also simplify the kitchen production.

Resources

National Heart, Blood and Lung Institute

Obesity Education Initiative. Available at:
<http://www.nhlbi.nih.gov/about/oei/index.htm>

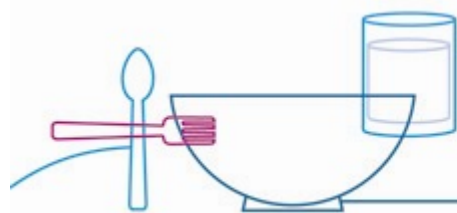
Aim for a Healthy Weight. Available at:
http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

United States Department of Health & Human Services
 Smallstep.gov. Available at:
www.smallstep.gov/

Weight-control Information Center
 What is a Healthy Weight? 2002. Available at:
win.niddk.nih.gov/publications/young_heart.htm#healthyweight

U.S. Food and Drug Administration
 Eating Well as We Age. 2001. Available at:
www.fda.gov/opacom/lowlit/eatage.html

American Academy of Family Physicians
 DETERMINE Your Nutritional Health Checklist - Interactive Version. 2005. Available at: www.aafp.org/x16138.xml



Dietary Guideline: Physical Activity

Key Recommendations: Physical Activity

- *Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.*
 - *To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.*
 - *For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.*
 - *To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate-to vigorous-intensity activity on most days of the week while not exceeding calorie intake requirements.*
- *Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.*
- *Older Adults. Participate in regular physical activity to reduce functional declines associated with aging and to achieve the other benefits of physical activity identified for all adults.*

Program Planning Considerations for OAA Nutrition Programs

- Offer integrated nutrition and physical activity programs as a part of total nutrition program planning. Link participants with physical activity programs offered by others.
- Seek ideas for offering fun physical activities from program participants.

Tips for Program Planning

- Encourage non-physically active program participants such as participants who use a walker to accumulate activity in 3 to 6 ten-minute sessions over the course of a day to reach the recommended goal of 30 to 60 minutes of physical activity in a day. Suggest that participants plan these activities into their usual routine.

- Encourage more physically active program participants to do moderate physical activity such as stretching, brisk walking or light gardening or yard work
- Encourage adequate amounts of fluids by drinking water or other beverages during and after periods of activity.
- Initiate a basic chair-based stretching program before meals are served.
- Establish a “walking club” before or after mealtimes. (Use *You Can! - Steps to Healthier Aging*.)
- Encourage participants to set up their own goals (use step counters) and organize peer support groups at meal sites to reach their own walking goals.
- Encourage participants to take extra steps by parking further away from their destination and walking the extra distance or walking in place while watching their favorite television program.

Resources

Dietary Guidelines for Americans 2005

Table 3: Estimated Calorie Requirements for Each Gender and Age Group at Three Levels of Physical Activity. 2005:12. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter4.htm>

Table 4: Calories/Hour Expended in Common Physical Activities. 2005:16. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter4.htm>

Center for Disease Control

Physical Activity for Everyone: Recommendations: Are there special recommendations for older adults? Available at:

www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

Growing Stronger - Strength Training for Older Adults: Home. Available at:

www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/index.htm

National Institute on Aging

NIA Exercise Guide. Available at:

www.niapublications.org/exercisebook/ExerciseGuideComplete.pdf

National Institute on Health Senior Health

Exercise for Older Adults. Available at: nihseniorhealth.gov/exercise/toc.html

You Can! - Steps to Healthier Aging is part of the U.S. Department of Health and Human Services' *Steps to a Healthier US* initiative.

Available at: <http://www.aoa.gov/youcan/about/about.asp>

Available at: <http://nutritionandaging.fiu.edu/>

National Council on Aging: The Center for Healthy Aging

Available at: <http://www.healthyagingprograms.org/>

USDA

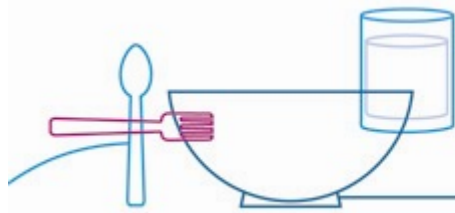
MyPyramid.gov

What is physical activity? 2005. Available at:

http://www.mypyramid.gov/pyramid/physical_activity.html

Why is physical activity important? 2005. Available at:

http://www.mypyramid.gov/pyramid/physical_activity_why.html



Dietary Guideline: Food Groups to Encourage

Key Recommendations: Fruit and Vegetables

- *Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 ½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.*
- *Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.*

Program Planning Considerations for OAA Nutrition Programs

- Serve a variety of fruits and vegetables- fresh, frozen, canned, or dried – in each meal.
- Provide at least 1 cup of fruits and vegetables for meals containing 550 calories and 1 ½ cup of fruits and vegetables for meals containing 700 calories.
- Serve dark green/orange vegetables such as broccoli, spinach, collard/turnip greens, sweet peppers, carrots, winter squash, and sweet potatoes at least 2 times per week.
- Serve fresh fruits and vegetables when they are in season, and canned (preferably low sodium), frozen, or dried when they are a better buy. This will help control meal costs.
- Be creative and try mixing different types of fruits or vegetables together to add variety and eye appeal.
- Provide fruit as the dessert frequently.

Tips for Meal Planning - Fruits

In general

- Serve whole or cut-up fruit instead of juice in order to provide more dietary fiber.
- Offer fruits with more potassium often, such as bananas, prunes and prune juice, dried peaches and apricots, cantaloupe, honeydew melon, plantains, and fortified orange juice.
- Select fruits canned in 100% fruit juice or water rather than syrup.
- Vary fruit offerings.
- Use dried fruit mix, or juice packed canned fruits during winter.
- Use seasonal fresh fruits during summer.

At meals

- Serve cold cereal with fruits like bananas, strawberries, peaches or raisins.
- Add blueberries, cherries, or bananas to pancakes.

- Serve 100% juice, not fruit drink.
- Serve fruit mixtures with low-fat or fat-free yogurt.
- Provide fruits with hot cereal during winter.

Lunch/Dinner

- Add crushed pineapple to coleslaw.
- Include mandarin oranges, fresh apple pieces or grapes in a tossed salad.
- Serve a Waldorf salad with apples, celery, chopped walnuts, and dressing.
- Prepare meat dishes that incorporate fruit, such as chicken with apricots or with mango chutney.
- Add fruit like pineapple or peaches to kabobs as part of a barbecue meal.
- Serve baked apples, pears, or a fruit salad for dessert.
- Serve low-fat or fat-free yogurts or puddings as dips for fruits like strawberries or melons.
- Offer different textures of fruits. For example, apples are crunchy, bananas are smooth and creamy, and oranges are juicy.

Tips to Meal Planning – Vegetables

In general

- Select vegetables with more potassium, such as sweet potatoes, white potatoes, white beans, tomato products (paste, puree, and low-sodium juice), beet greens, soybeans, lima beans, winter squash, spinach, lentils, kidney beans, and split peas.
- Select dark-green vegetables, such as broccoli, spinach, kale, romaine lettuce, and orange vegetables such as carrots, sweet potatoes, pumpkin, and winter squash.
- Prepare meals with more fresh ingredients. Most sodium in the food supply comes from packaged or processed foods.
- Use low-sodium or no salt added canned vegetables or frozen plain vegetables. If participants want to add a little salt, it will likely be less than the amount in the regular canned product.

At meals

Breakfast

- Serve oven-roasted, not fried potatoes, hash browns or potato/egg frittatas.
- Add chopped zucchini, spinach, tomatoes, or onions to scrambled egg substitute or egg whites.
- Serve low-sodium, 100% vegetable or tomato juice.
- Incorporate shredded vegetables like carrots or zucchini into quick breads and muffins.

Lunch/Dinner

- Plan some meals around a vegetable main dish, such as a vegetable stir-fry or soup. Then add other foods to complement it.
- Try a main dish salad for lunch.
- Add a multi-vegetable, green salad to dinner.
- Incorporate shredded vegetables like carrots or zucchini into meatloaf, casseroles, quick breads, and muffins.
- Include chopped vegetables in pasta sauce or lasagna.
- Add protein-rich white bean puree to tomato sauce.
- Choose pureed, cooked vegetables, such as potatoes, mashed parsnips or carrots, to thicken stews, soups and gravies. These add flavor, nutrients, and texture.
- Use vegetables in soup (kale, spinach, vegetable medley) during winter.
- Serve a low-fat or fat-free salad dressing with raw broccoli, red and green peppers, carrot or celery sticks or cauliflower.
- Use dark leafy greens in salads, rather than iceberg lettuce. Add color to salads by adding baby carrots, shredded red cabbage, or spinach leaves.
- Include in-season vegetables for variety through the year.
- Serve cooked dry beans or peas in flavorful mixed dishes, such as chili or minestrone soup.
- Offer fruits as desserts.

Resources

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Action List for Fruits and Vegetables. Available at:
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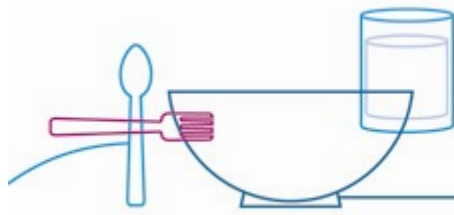
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www.mypyramid.gov/pyramid/fruits.html

What counts as a cup of fruit? 2005. Available at:
www.mypyramid.gov/pyramid/fruits_counts.html#.

Tips to help you eat fruit. 2005. Available at:
www.mypyramid.gov/pyramid/fruits_tips.html.



Dietary Guideline: Food Groups to Encourage

Key Recommendation: Whole Grains

- *Consume 3 or more ounce-equivalents of whole grain products per day, with the rest of the recommended grains coming from enriched or whole grain products. In general, at least half the grains should come from whole grains.*

Program Planning Considerations for OAA Nutrition Programs

- Serve a variety of whole grain and enriched grain products weekly.
- Serve at least 1 ounce-equivalent for meals containing about 550 calories and 2 ounce-equivalents for meals containing about 700 calories. A 1 ounce serving is equivalent to ½ cup cooked rice, pasta, or cooked cereal, 1 slice of bread, one small muffin, 1 cup ready-to-eat cereal.
- Use products that include the words, “whole” or “whole grain” on the ingredients listed.
- Check the label for fiber content; fiber content is a good indicator of the amount of whole grain in a product.

Tips for Meal Planning

- Serve whole grain bread instead of white bread most days.
- Choose brown rice instead of white rice.
- Use barley in vegetable soup or stews and bulgur wheat in casseroles or stir-fries.
- Create a whole grain pilaf with a mixture of barley, wild rice, brown rice, broth and spices.
- Experiment by substituting whole wheat or oat flour for up to half of the flour in pancake, waffle, muffin or other flour-based recipes.
- Serve rolled oats or a crushed, unsweetened whole grain cereal as breading for baked chicken, fish, or meat.
- Add whole grain flour or oatmeal when making cookies or other baked goods.
- Bake whole grain squares (on sheet pan) to serve as whole grain bread, such as bran squares.

Resources

USDA

Get on the grain train. 2002. Available at:
www.usda.gov/cnpp/Pubs/Brochures/

MyPyramid.gov

What foods are in the grain group? 2005. Available at:

<http://www.mypyramid.gov/pyramid/grains.html>

How many grain foods are needed daily? 2005. Available at:

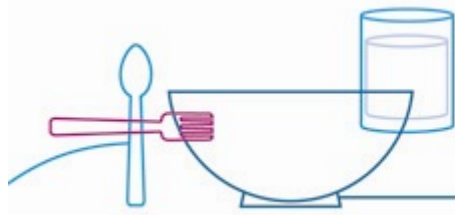
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Dietary Guideline: Food Groups to Encourage

Key Recommendation: Milk and Equivalent Milk Products

- *Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.*

Program Planning Considerations for OAA Nutrition Programs

- Serve a variety of fat-free or low-fat milk or milk equivalent products weekly.
- Serve at least 1 cup of fat-free or low-fat milk or milk equivalent products at each planned meal.
- Offer milk alternatives such as fat-free or low-fat yogurt, or lactose-free milk to individuals who may not consume milk.
- Include non-dairy sources of calcium regularly, especially for individuals who may not drink or eat dairy products.

Tips for Meal Planning

In general

- Offer lactose-free alternatives within the milk group, such as cheese, yogurt, or lactose-free milk.
- Provide alternative food sources of calcium for those who do not drink or eat milk products. These include:
 - Calcium and vitamin D-fortified juices, cereals, breads, soy beverages, or rice beverages;
 - Canned fish, such as, sardines or salmon with bones; and
 - Leafy greens, such as collards, turnip greens, kale, and bok choy.

Breakfast

- To lower saturated fat and calories, gradually switch to serving fat-free milk. Try reduced fat (2%), then low-fat (1%), and finally fat-free (skim).
- Use fluid fat-free or low-fat milk instead of water in pancake, muffin, and quick bread recipes.
- Add fat-free or low-fat milk instead of water to oatmeal and hot cereals

Lunch/Dinner

- Include milk as a beverage at meals. Choose fat-free, low-fat milk or flavored milk.
- Offer choices of milk beverages at meals, including low-fat buttermilk and low-fat chocolate milk.
- Use fat-free or low-fat milk when making condensed cream soups, such as cream of tomato.
- Use evaporated skim milk instead of heavy cream in soups, sauces, and puddings.
- Serve baked potatoes with fat-free or low-fat yogurt.
- Serve fat-free or low-fat yogurt dips for fruits or vegetables.
- Make pudding and custard with fat-free or low-fat milk.
- Serve casseroles, soups, stews, or vegetables with shredded low-fat cheese.
- Use vitamin D-fortified evaporated milk in preparing soups, casseroles, puddings, etc.
- Add non-fat dry milk to soups, chowders, mashed potatoes, creamed vegetables, and desserts to increase calcium and vitamin D content.

Dietary Guidelines for Americans 2005.

Appendix B-4. Non-Dairy Food Sources of Calcium. 2005: 59. Available at:
<http://www.health.gov/dietaryguidelines/dga2005/document/html/appendixB.htm>

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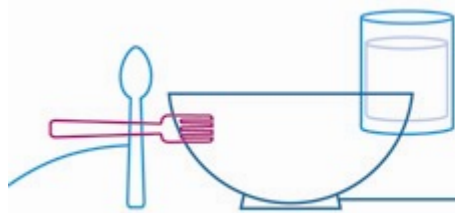
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How much food from the milk group is needed daily? 2005. Available at:
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What counts as 1 cup in the milk group? 2005. Available at:
www.mypyramid.gov/pyramid/milk_counts.html

Tips to for making wise choices. 2005. Available at:
www.mypyramid.gov/pyramid/milk_tips.html



Dietary Guideline: Fats

Key Recommendations: Fats

- *Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible.*
- *Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.*
- *When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat free*
- *Limit intake of fats and oils high in saturated and/or trans fatty acids, and choose products low in such fats and oils.*

Program Planning Considerations for OAA Nutrition Programs

- Plan meals with less than 35 percent of total calories from fat. Although the amount of fat in a meal may be averaged over the week, no single meal should provide more than 35 percent of the total calories from fat.
- Use polyunsaturated and monounsaturated fatty acids in place of saturated fats.
- Limit *trans* fats; processed foods and oils provide approximately 80 percent of *trans* fats in the diet, compared to 20 percent that occur naturally in food from animal sources.
- Plan to serve fish frequently as a low-fat protein alternative and to provide fatty acids that may reduce the risk of cardiovascular disease.

Tips for Meal Planning

- When a meal provides 550 calories, the amount of calories from fat should be less than 21 grams or 192 calories. When a meal provides 700 calories, the amount of calories from fat should be less than 27 grams or 245 calories.
- Purchase lean meats and trim off any external fat.
- Broil, bake, steam, or stew foods rather than frying them whenever possible.
- Use polyunsaturated oils rather than lard or a solid shortening for the occasional fried food products.
- Purchase meat, poultry, milk, or milk products and soy products that are lean, low-fat, or fat-free.

- Use thickened juices instead of oil in salad dressings.
- Limit the use of ice cream, cookies, cakes, pies, donuts, and sweet breads which contain high levels of saturated and *trans* fats.
- Try recipes that use apple sauce in place of oil.
- Use lemons, limes, fresh herbs and spices, evaporated skim milk, cornstarch, plain fat-free yogurt, flavored vinegar, and onions to enhance flavors instead of relying on oils, butter, cream sauces and cheese.
- Roast meats on a rack to allow fats to drain off.
- When making stock or soup from scratch, refrigerate to cool and skim the fat off the top before using.
- Purchase ground meat at a minimum fat content of 85/15.
- Use a 60/40 ground beef/ground turkey mix in recipes using ground beef. Ensure that the internal cooking temperature reaches the higher requirement.
- Use a low sodium and low-fat base to make gravy or soup. If the low sodium base costs are higher than the bid price, only use half the required amount.
- When using ground meat in a recipe, drain the fat before adding it to the other ingredients.

Resources

Dietary Guidelines for Americans 2005.

Table 8. Maximum Daily Amounts of Saturated Fat to Keep Saturated Fat Below 10 Percent of Total Calorie Intake. 2005: 31. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>

Table 9. Differences in Saturated Fat and Calorie Content of Commonly Consumed Foods. 2005: 32. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>

Table 10. Contribution of Various Foods to Saturated Fat Intake in the American Diet. 2005: 33. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>

Table 11. Contribution of Various Foods to *Trans* Fat Intake in the American Diet. 2005: 34. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>

Table 12. Relationship Between LDL Blood Cholesterol Goal and the Level of Coronary Heart Disease Risk. 2005: 34. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>

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How are oils different from solid fats? 2005. Available at:
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How do I count the oils I eat? 2005. Available at:
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What are solid fats? 2005. Available at:
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Tips to help you make wise choices from the meat and beans group. 2005. Available at:
www.mypyramid.gov/pyramid/meat_tips.html

American Heart Association

Recipes for low fat and low cholesterol meals
www.americanheart.org/presenter.jhtml?identifier=515

Know your fats. 2005. Available at:
www.americanheart.org/presenter.jhtml?identifier=532

Make Healthy Food Choices. 2005. Available at:
www.americanheart.org/presenter.jhtml?identifier=537

Eating Plan: Fats and Oils. 2005. Available at:
www.americanheart.org/presenter.jhtml?identifier=1003

Eating Plan Tips. 2005. Available at:
www.americanheart.org/presenter.jhtml?identifier=1085

National Heart, Blood and Lung Institute

Be Heart Smart! Eat foods lower in saturated fat and cholesterol. 1997. Available at:
www.nhlbi.nih.gov/health/public/heart/other/chdblack/smart1.htm

Fat-Free Versus Regular Calorie Comparison. Available at:
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/fat_free.htm

Low-Calorie, Lower-Fat Alternative Foods. Available at:
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/lcal_fat.htm

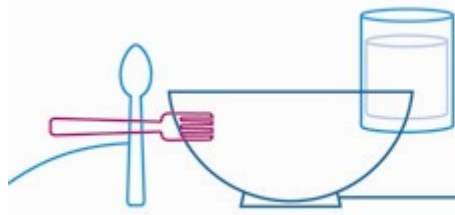
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www.cfsan.fda.dms/qatrans2.html

Revealing Trans Fat. 2004. Available at: www.fda.gov/fdac/features/2003/503_fats.html



Dietary Guideline: Carbohydrates

Key Recommendations: Carbohydrates

- *Choose fiber-rich fruits, vegetables, and whole grains often*
- *Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan*
- *Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently*

Program Planning Considerations

- Plan meals that provide between 45-65 percent of total calories from carbohydrate sources – fruits, vegetables, whole grains, and milk.
- Provide nutrient-dense carbohydrate foods, within recommended carbohydrate and calorie ranges.
- Include foods rich in dietary fiber. The recommended dietary fiber intake is 14 grams per 1,000 calories consumed. For meals providing 550 calories, plan for 7-8 grams of fiber. For meals providing 700 calories, plan for 9-10 grams of fiber. Fiber in food comes primarily from whole grains, vegetables, and fruits.
- Provide about 2 ounce-equivalents of grains each meal.
- Offer water along with fat-free or low-fat milk and other beverages to ensure adequate fluids along with fiber-containing foods and to promote oral health at meals.
- Infrequently use foods and beverages high in added sugars and calories but few nutrients.
- Prepare foods without added sugar.

Tips for Meal Planning

- Substitute whole grain flour for half or all of the white flour when baking bread, muffin, pancake, fry bread or cookies. (Since whole grain flour is heavier than white flour, either use a bit more yeast or let the dough rise longer. If using baking powder, increase it by 1 teaspoon for every 3 cups of whole grain flour.
- Serve fresh fruits or fruit combinations for dessert or appetizers.
- Serve sweet potatoes instead of white potatoes.
- Serve beans and lentils as side dishes.
- Serve colorful steamed vegetables, such as broccoli, carrots, and winter squash.
- Add beans, such as white beans, kidney beans, or lentils, alfalfa sprouts or carrots to

pasta sauces.

- Use bran products or fortified ready-to-eat cereals as a crunchy topping for casseroles, salads or cooked vegetables.
- Try brown rice; it adds texture to bean soup or chili.
- Use dark green leafy lettuce instead of iceberg lettuce.
- Add kidney, pinto or black beans to soups.
- Add raisins, dates and other dried fruits to rice dishes, salads and baked goods.
- Offer stewed dried apricots, prunes or other dried fruits for dessert.
- Add wheat bran, oat bran or flaxseed to breads and rolls.
- Add fruit to fortified, ready-to-eat cereals, low-fat or fat-free yogurt, and muffins.
- Add low-fat granola or other fortified, ready-to-eat cereals to yogurt.
- Serve low-fat or fat-free milkshakes or yogurts with whole or blended raspberries, blueberries or strawberries as dessert.

Resources

Dietary Guidelines for Americans 2005

Appendix B-8. Food Sources of Dietary Fiber. Washington, DC: US Government Printing Office; 2005: 63-64. Available at:

www.health.gov/dietaryguidelines/dga2005/document/html/appendixB.htm

Table 13. Major Sources of Added Sugars (Caloric Sweeteners) in the American Diet; 2005: 38. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter7.htm>

Table 14. Names for Added Sugars that Appear on Food Labels; 2005: 38. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter7.htm>

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Tips and resources on eating more grains, vegetable, and fruits. 2005. Available at:

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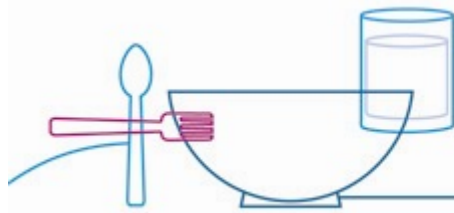
www.mypyramid.gov/pyramid/grains_why.html

Why is it important to eat vegetables? 2005. Available at:
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Why is it important to eat fruits? 2005. Available at:
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Center for Nutrition Policy and Promotion
Fabulous Fruits, Versatile Vegetables. 2003. Available at:
www.cnpp.usda.gov/Pubs/Brochures/FabFruits-screen.pdf

Get on the Grain Train. 2002. Available at:
www.cnpp.usda.gov/Pubs/Brochures/GrainTrainPamphlet.pdf



Dietary Guideline: Sodium and Potassium

Key Recommendations: Sodium and Potassium

- *Aim to consume no more than 1500 mg of sodium per day, and meet the potassium recommendation (4700mg/day) with food.*
- *Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.*

Program Planning Considerations for OAA Nutrition Programs

- On average, about 10 percent of sodium intake comes from the natural sodium in foods, 75 to 77 percent comes from salt added during food processing. Use products that are “no added salt”, or “low-sodium”.
- Prepare foods without adding salt in the pre-preparation and cooking process.
- Serve potassium-rich fruits and vegetables frequently. Potassium-rich fruits and vegetables include leafy green vegetables, fruit from vines, and root vegetables. Potassium-rich diets blunt the effects of salt on blood pressure, may reduce the risk of developing kidney stones, and possibly decrease bone loss with age.
- Avoid using or supplying potassium chloride salt substitutes. Individuals should use these products under the supervision of a healthcare professional.
- Try herbal seasoning blends in place of salt.

Tips for Meal Planning

- Serve plain low-fat or fat-free yogurt with high potassium fresh fruit as a topping.
- Prepare baked or boiled potatoes instead of boxed mashed potatoes to reduce sodium content of the meal.
- Use low sodium soups and cheeses in meal preparation.
- Add fresh or frozen vegetables to low sodium tomato soup.
- Use cooked dried beans and lentils instead of canned.
- Select fresh or frozen vegetables or low sodium canned vegetables.
- Use fresh or frozen lean meats instead of cured or fatty cuts of meat.
- Prepare foods using a variety of herbs, spices, and fresh fruit juices instead of adding salt.
- Limit the use of:
 - Cured foods, such as bacon, ham, processed luncheon meats;
 - Brined foods, such as pickles, pickled vegetables, olives, and sauerkraut;
 - Condiments, such as MSG, mustard, horseradish, catsup, and barbecue sauce; and
 - Pre-prepared packaged foods, mixes, sauces, and salad dressings.

- Cook rice, pasta, and hot cereals without salt. Reduce the use of instant or flavored rice, pasta, and cereal mixes, which usually have added salt.
- Use dry beans, frozen vegetables, and potatoes, instead of the canned variety.
- Use a low-sodium base to make soup or gravy. If costs are too high, use the regular base, but only half of the amount the recipe calls for.
- Avoid processed meats or pre-prepared entrees.
- Use reduced sodium and fat items, such as low sodium ham or franks.
- Use garlic, onions or Italian dry seasoning (without salt) to replace salt.

Resources

National Heart, Blood and Lung Institute

The DASH Eating Plan. 2003. Available at:

www.nhlbi.nih.gov/health/public/heart/hbp/dash/

Your Guide to Lowering High Blood Pressure: Reduce Salt and Sodium in your Diet.

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Your Guide to Lowering High Blood Pressure: Healthy Eating. Available at:

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American Heart Association

Eat foods lower in sodium. 2005. Available at:

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Make Healthy Food Choices. 2005. Available at:

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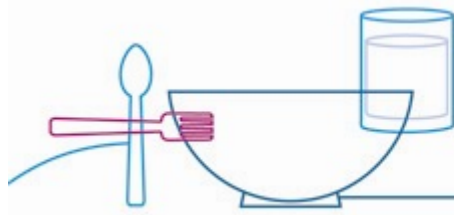
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Table 15: Range of Sodium Content for Selected Foods. 2005: 42. Available at:

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter8.htm>



Dietary Guideline: Food Safety

Key Recommendations: Food Safety

- *To avoid microbial foodborne illnesses:*
 - *Clean hands, food contact surfaces, and fruit and vegetables. Meat and poultry should not be washed or rinsed*
 - *Separate raw, cleaned, and ready-to-eat foods while shopping, preparing, or storing foods.*
 - *Cook foods to a safe temperature to kill microorganisms.*
 - *Chill (refrigerate) perishable food promptly and defrost foods properly.*
 - *Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.*
- *Older adult. Eat only certain deli meats and frankfurters that have been reheated to steaming hot.*

Program Planning Considerations for OAA Nutrition Programs

- Prepare all meals in facilities and under conditions that meet State, Tribal, and local food safety and sanitation laws. Since many older adults have reduced immune function, they are at increased risk of foodborne illnesses.
- Develop a plan for addressing food security, contamination, and safety issues.
- Conduct ongoing in-service training for program directors as well as food preparation and site personnel such as cooks, food handlers, food deliverers and volunteers to ensure safe food preparation and service.

Tips for Meal Planning

- Have temperature charts on all refrigerator, freezer, and dry storage areas and document temperatures twice a day.
- Check temperatures in the refrigerator, freezer, dry storage, oven, steam table, and salad bar routinely to assure the equipment is functioning correctly.
- Institute a HACCP plan on all high-risk items to ensure safe handling procedures on critical control points.

- Establish policies and procedures for the safe and sanitary handling of food, equipment, and supplies when going on picnics or other special events that are different from usual service.
- Establish policies and procedures that assure appropriate safe and sanitary handling of food, equipment, supplies and assuring appropriate temperatures through out home delivered meal routes.
- Comply with State, Tribal, and local food safety and sanitation laws regarding the acceptance of donated foods.
- Thaw food in the refrigerator, in an air-tight package under cold running water, or in a microwave.
- If purchasing pre-prepared entrée items, use fully cooked products, to avoid improper handling, which can cause foodborne illness.
- Purchase Individual Quick Freeze (IQF) products to eliminate thawing time and avoid cross contamination, if budget permits.
- When planning menus, use minimum preparation items for Monday's menu.
- Ensure menus meet the equipment's capacity. For example, do not prepare all baked items on the same day or kettle items on the same day to avoid the undercooking of products.
- Do not modify small portion recipes (home cooked recipes) without pre-testing.
- For large quantity cooking, keep recipes simple and easy to prepare. Try to avoid detailed, labor intensive recipes, which can lead to sanitation hazards or a higher labor cost.
- Heat any deli meat, hot dogs, or sausage to steaming hot.

Resources

Gateway to Government Food Safety Information

<http://www.foodsafety.gov/>

Partnership for Food Safety Education

Fight Bac! 2004. Available at:

www.fightbac.org/main.cfm

Food Safety and Inspection Service

Seniors Need Wisdom on Food Safety. 2002. Available at:

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Cooking for Groups: *A Volunteer's Guide to Food Safety*. 2004. Available at:

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www.fda.gov/fdac/featur/895_kitchen.html

The Big Thaw - Safe Defrosting Methods for Consumers. 2003. Available at:
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